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ABSTRACT

The paper describes components of the Cooperative Student Care public school program in which five Texas school districts have joined together to provide educational services in functional academics, vocational training, social skills training, life skills training, and related services for severely/profoundly handicapped students. Four facilities are introduced: the Cooperative Behavioral Center which services 41 autistic and severely emotionally disturbed students (3-21 years old) with major emphasis on teaching appropriate behavior patterns through behavior modification; the Loving Care Opportunity Center which serves 28 multiply handicapped students (3-9 years old) with emphasis on self help skills; the Greenwood Hills Development Center which serves 30 severely and multiply handicapped students (7-16 years old) with emphases on functional academics and prevocational activities as well as self help skills training and related services; and the Cooperative Training Center which serves 102 moderately and severely/profoundly handicapped students (14-21 years old) with emphases on self help skills, self awareness, attending behavior, responsive behavior, and peer interaction. Sections address procedures for placing students in the alternative settings, language training, motor and self help skill development, behavior management techniques, vocational programing, parent organization, and program evaluation. (SBH)

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PUBLIC SCHOOL ALTERNATIVE FOR SEVERELY AND PROFOUNDLY HANDICAPPED STUDENTS

APRIL 26, 1979

COUNCIL FOR EXCEPTIONAL CHILDREN

57th ANNUAL INTERNATIONAL CONVENTION

Submitted by:

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Cooperative Student Care (CSC) is a public school program designed to serve severely/profoundly handicapped students from the districts of Carrollton-Farmers Branch, Garland, Mesquite, Plano, and Richardson Independent Schools. These five school districts have joined together to provide appropriate educational services in functional academics, vocational training, social skills training, life skills training, and related services.

Educational programming places emphases in the areas of cognitive developement, communications, motor development, self-help skills, and socialization. CSC also provides extensive services in activities of daily living, leisure time, vocational preparation, and work adjustment. Many related services are also provided such as occupational, physical, and speech therapies, as well as adaptive physical education.

Students are both formally and informally evaluated to determine functioning levels in each area. Methods for assessment include adaptive behavior scales, achievement tests, and teacher documentation. Individualized educational plans are based on identified student needs as determined by the teachers, support staff, and parents.

Parent-teacher ineraction is a vital part of the total CSC program. Parents attend training workshops, participate in planning sessions and receive assistance in the development of home programs. Organized parent groups form the nucleus of the governing body for each center in the Co-op Program.

The Cooperative Behavioral Center (CBC) currently serves 41 Autistic and Severely Emotionally Disturbed students (ages 3 through 21) whose needs cannot be met within the existing E.D. programs in the child's home school. The major emphasis of CBC is placed on teaching appropriate behavior patterns through the use of behavior modification practices. Data is collected daily to specifically determine academic and behavioral progress. This data then serves as a form of teacher accountability and a measure of program effectiveness.

The Loving Care Opportunity Center (LCOC) currently serves 28 multiply handicapped students (ages 3 through 9) whose needs cannot be met within existing programs in the child's home school district. The primary focus of Loving Care centers around self-help skills with a full range of related therapies available.

The Greenwood Hills Development Center (GHDC) presently serves 30 severely and multiply handicapped students (ages 7 through 16) whose needs cannot adequately be met within the existing structure of programs in the local districts. The Development Center program emphasizes functional academics and pre-vocational activities as well as self-help skills training and related services.

The Cooperative Training Center (CTC) currently serves 102 (ages 14 through 21) moderately and severely/profoundly handicapped students whose identified needs cannot adequately be met within existing programs in the child's home school. CTC's program for students functioning in the moderate to severe range stresses home

living skills, vocational academics, and work adjustment. Students with profound and multiple handicaps require intensive programming, special facilities, and special staffing patterns. Therefore, a program has been designed to focus on self-help skills, self-awareness, attending behavior, responsive behavior and peer interaction.

Submitted by: Bill Stamper

A.R.D. Procedures

The procedures untilized to place students in these alternative settings are clearly established. Each of the participating districts was involved in the establishment of these procedures. However, some guidelines were designated through the Texas Education Agency's Policies and Administrative Procedures for the Education of Handicapped Students.

All placement recommendations are originated in one of the participating districts. The procedures within the individual districts vary slightly. The enclosed flow chart delineates one school district's placement system.

The parent, or another referring agent, may begin the process at the neighborhood school nearest to the residence of the child. Two routes are possible for the school, dependent upon whether the student has or has not been in school (and special education) before. The neighborhood school has several responsibilities in either case. If the child has never been in school or never been in special education before, the local school will begin by appointing the child an educational liaison to coordinate for the child the relationships of education and home and to collect the required referral information. When this information has been compiled, the school's Referral Committee will meet to discuss educational alternatives, including special education. In the case of a student with such severe handicaps, the committee decision will be to assess for special education.

The second route available to the local school is the one most often utilized because these students have been in special education.

To follow this route, the neighborhood school will obtain all previous records and family information to proceed directly to the Admission, Review, and Dismissal (A.R.D.) Committee for special education. The committee, including the parent, must review the student's records to determine if all required assessments are available. The committee may decide that further assessment is needed.

The appropriate personnel connected with the local school will complete the needed assessments. When the student has been assessed to determine that he qualifies for special education (the type of his handicap), that he needs special education instruction (the level of his educational performance), and that skill levels are identified (the development of an educational program), the A.R.D. Committee will meet again. The committee will discuss each of these factors and the degree of the student's handicap. If the committee determines that the degree of handicap is too severe to be served in the home school, they may refer to the Central A.R.D. Committee for placement.

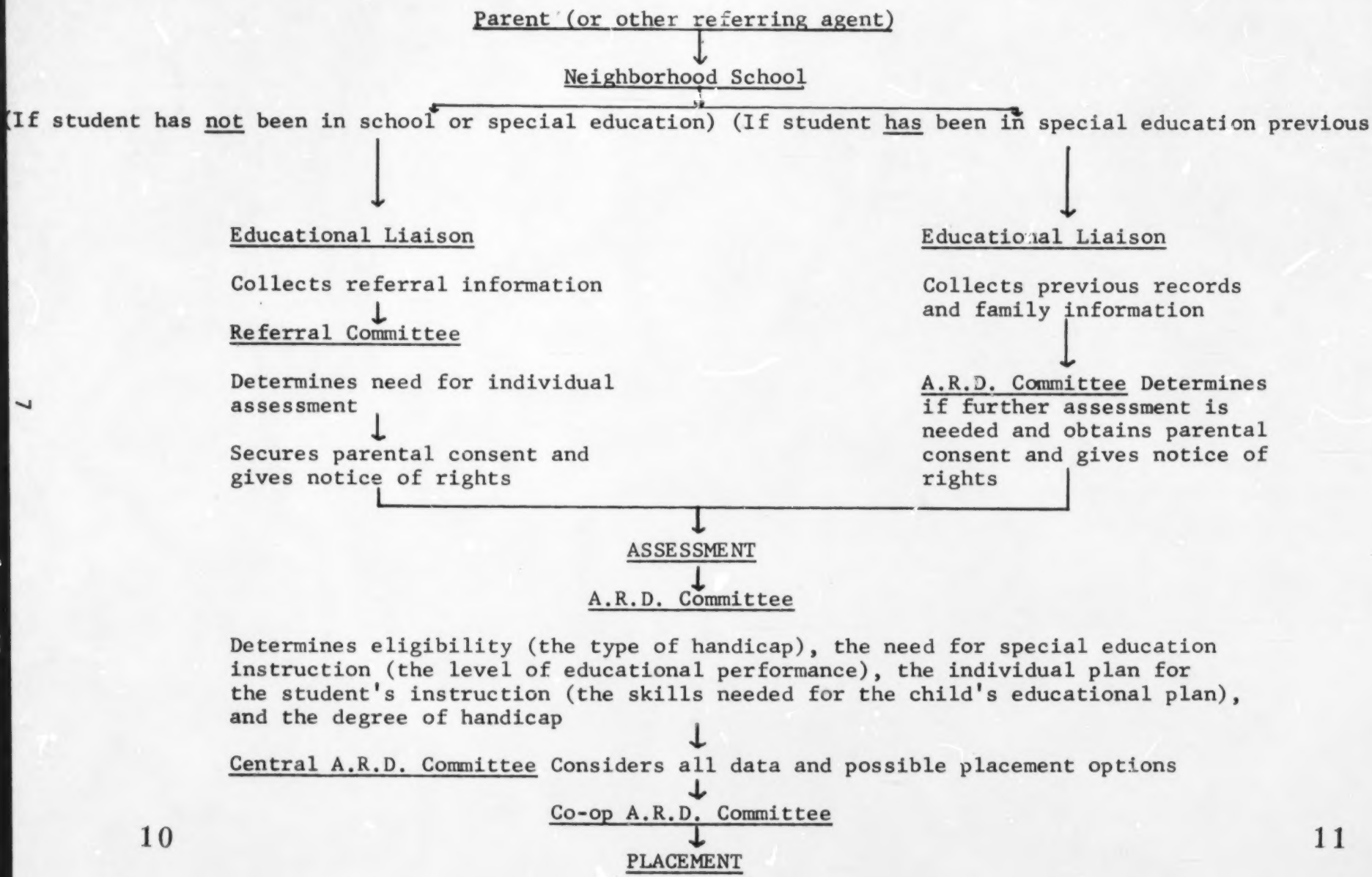
The C.A.R.D. Committee, again including the parent, will consider all of the data compiled on the student. All available placement options will be explored. If the committee decides that one of the alternative co-operative placements is indicated they will refer all information to the Co-operative (Co-op) A.R.D. The Central A.R.D. Committee has available to it detailed placement criteria for each of these alternative settings.

The Co-op A.R.D. will meet to consider all available information. If one of these alternative placements appears appropriate, the student's placement will be finalized and he may begin school.

Throughout this procedure all rights of the handicapped student and all procedural safeguards must be observed. The parent has the right to be involved and vote at each A.R.D. decision. And the parent may pursue several options if in disagreement with a committee decision. The avenue designated by state board policies and procedures is for the parent to request an impartial due process hearing to settle the disagreement. The individual district may develop additional avenues for the parent to explore initially, if the parent so desires. The example district has delineated a district administrative procedure through which parents may appeal an A.R.D. decision with which they disagree. The utilization of this avenue allows a less time-consuming and expensive route for both the parent and the district to pursue. The parent elects this avenue with the understanding that he may request an impartial due process hearing at any time. All of these rights and others are clearly explained in the booklet that is given to each parent of a handicapped child in the district.

Submitted by: Bobbie Dingess

RICHARDSON INDEPENDENT SCHOOL DISTRICT PLACEMENT PROCEDURES


Parent (or other referring agent)
Neighborhood School
(If student has not been in school or special education)
(If student has been in special education previous
Educational Liaison
Collects referral information
Referral Committee
Determines need for individual assessment
Secures parental consent and gives notice of rights
Educational Liaison
Collects previous records and family information
A.R.D. Committee Determines if further assessment is needed and obtains parental consent and gives notice of rights
ASSESSMENT
A.R.D. Committee
Determines eligibility (the type of handicap), the need for special education instruction (the level of educational performance), the individual plan for the student's instruction (the skills needed for the child's educational plan), and the degree of handicap
Central A.R.D. Committee Considers all data and possible placement options
Co-op A.R.D. Committee
PLACEMENT

Communication/Cognition

As a program serving severely multi-handicapped, mentally retarded children ages 7-16, we are most concerned with the appropriateness of language training. In the past, this information has been difficult to obtain, with most information beginning with output from the child and few if any alternatives to verbal communication. This field has suddenly become quite popular, with an influx of information on language boards and other alternate communication systems. While certainly no authorities, we are discovering things that work with our population. We feel that language and cognition are closely interrelated at the lowest levels, and we do not attempt to separate the two.

Verbal Communication

If a child is speaking in single words/phrases, even though he may be difficult to understand, this should be encouraged as the primary means of communication. For ease of understanding and continued stimulation, this may be paired with signs and/or gestures. It appears that the use of non-verbal communication stimulates rather than hinders the development of verbal communication. There are many good scales available which may assist in the acquisition of verbal communication. It is important to remember that every child must have a relaxed, nurturing atmosphere in which to develop language. (see hand-out)

Non-Verbal Communication
Communication Boards

For the child whose motoric involvement prevents the acquisition of verbal communication and/or the child who has not acquired any other

means of communication, regardless of motoric involvement, communication boards are attempted. At our center, these boards may use simple pictures or a standard symbol system. We are using the Bliss Symbols. The determination to move to a communication board is a very individual one. (see hand-out) Although currently receiving much attention, there are many considerations, particularly for the ambulatory child who must carry it around. Ambulatory children in our center are enjoying language boards which are "briefcases" and "purses". Bliss Symbols, while seemingly abstract, have been very successful with our population. The words used on a communication board should be introduced gradually, beginning with basic needs (toilet, eat, drink), things rewarding to the child (music, specific toys), and symbols for the child's name (I) and persons important to him (mother, father).

Non-Verbal Communication-
Sign Language

Sign language is ued in our program both by the totally non-verbal child and the child with some verbal communication. At our center, the staff uses sign language paired with verbal communication. This gives the child both auditory and visual clues. Sign language begins with the incorporation of the child's own gestures and later moves to the use of standard signs.

Non-Verbal Communication
van Dijk

For the child who exhibits no observale means of communication, usually because of the degree of retardation and the multiplicity of

secondary handicaps, we have been using methods based on the research of Dr. J. van Dijk of St. Michielgestel, Holland with deaf-blind children. This method is sensori-motor based. Dr. van Dijk has identified several stages leading to symbolic language; resonance phenomenon, co-active movement, non-representational reference, imitation and natural gesture. (see hand-out)

It should be remembered that the goal for all children, no matter how severe their handicaps, should be to develop a means of communication through which they may express wants and needs and from which they may receive pleasure. Regardless of the "rules of usage" of any means of communication; if it works with any individual child-use it!

Submitted by: Karen Miller

MOTOR AND SELF HELP

Motor skill development is the primary responsibility of the physical and occupational therapist at Loving Care Opportunity Center and Greenwood Hills Development Center as the students enrolled in these centers are multi-handicapped. Progressively, the students range from those who exhibit total lack of head control to those who may need assistance with a mode of ambulation as a life goal or positioning that will maintain their existing life posture.

The therapists are responsible for obtaining a prescription from the child's physician or orthopedic surgeon prior to evaluation. The prescription includes diagnosis, medications, precautions, corrective appliances, recent surgery, permission for the child to bear weight, permission for the child to be ambulated, and a prescription for therapy. The permission must be secured annually. The physician is provided with a narrative of the evaluation and plan for therapeutic programming. He/She is asked to suggest modifications or expansions to the proposed program of therapy. The therapist requests permission to attend scheduled conferences between the physician and client when therapeutic techniques will be discussed. Parents are asked to arrange for progress reports of physician evaluations to be sent to the child's center as part of the comprehensive programming between parent, physician, student, and therapist. Release time is provided by each center for the therapist to attend professional conferences concerning students.

Evaluations by the center therapist provide the center's staff with information concerning the current muscular state of the student's body, body areas of precaution, body strengths, plans for direct therapy, and plans for staff assisted therapy. The proposed program includes adaptive equipment to be used, positioning instructions, methods for staff assisted therapy, contact hours, and implementor. A schedule for direct therapy is cooperatively arranged between the therapist and center staff to insure optimum benefits from direct therapy. Monitoring of center staff positioning of students or feeding techniques reamins the responsibility of the therapist in conjunction with direct services.

Inservice training for the staff from the various supporting services is a vital area of need. The therapist has a responsibility to the staff to instruct and provide methods of handling the child, both for the child's benefit and safety of the staff members, by using good body mechanics. Understanding the "whys" of handling through inservice training tends to develop better carry over in the program of the child. Inservice programs can include basic understanding of disease process of the children, body mechanics in lifting larger children, and handling techniques of the smaller children.

Parent involvement with the therapist is a pre-requisite to functional carry over between home and school. Parents provide therapists with prioritized needs of the students home as well as structural infor-

mation about the home that might be a barrier to ambulation. Therapists provide parents with home programs, adaptive seating suggestions, and interpretation of technical progress reports.

A barrier to adaptive seating has historically been financial. Therapists have learned to be creative with scrap material in the construction of adaptive equipment that supports their programming. Mop handles become functional devises for motivating walking in pre-walkers. Empty give gallon ice cream containers make various adaptive chairs. Discarded casters from old furniture make scooter boards more fluid in their movement. Sample carpet squares make excellent covering for an otherwise rough covering. Dowels and foam provide stability to c.p. random movement. Parent groups can assist by make the multitude of wedges and bolsters used in daily positioning. Foam can be purchased by sheet and sliced with an electric knife to make the inset to a brightly covered wedge. The material covering is desired to be removed for easy cleaning. Bolsters can be made from sheet foam and taped to reain their cylindar shape. Again, the coverings are designed for easy removal for cleaning. Precautions are taken so that the design eliminate rough edges or bulges that would be uncomfortable for the student being positioned.

There are many schools of thought concerning the treatment of these children. Some therapists approach the children with a single philosophy approach. Other therapists incorporate different "pieces" of philosophies and have the attitude of whatever works,

use it, while maintaining and encouraging normalcy. There therapists also tend to approach the child by concentrating on the child's ability not disability and wanting the child to be responsible for their ability, no matter how minute.

By having the child responsible for their own body postures, they become an active participant in their lives, rather than passive as they would be if straps or other restrictive devices were used. They can expand this idea of being responsible for themselves to other areas of their lives.

The other two centers, Cooperative Behavioral Center and Cooperative Training Center, with the exception of the S/PH class at CTC, concentrate more on normal developmental motor skills such as climbing stairs, running, jumping, ball skills, wheel chair use, balance, co-ordination, calesthentics, and group sports and games.

The progression of self help skills taught in the four CSC centers range from skills taught to dependent students to skills taught for independence of students. The three basic skills of eating, drinking, and toileting require therapeutic assistance from the occupational and physical therapists. Classroom staff implementors and parent home carry over is of primary importance to assist the student with progression from a dependent to independant development. Therapists must condition students to receive what is normally an innate sense such as the willingness to accept different textures of food.

Progression in these areas may be slow for younger students requiring many years of planned skill continuom before mastery can be accomplished.

Greenwood Hills Development Center's older students are taught transitional skills that will be utilized in the sheltered workshop environment at the Cooperative Training Center. Family style lunch activities allow the student to learn to set an appropriate, aesthetically pleasing table. Food is served by students from bowls or platters rather than pre-served containers. Students are responsible for clearing the table and properly disposing of waste at the culmination of the meal. Students are assigned to wash and dry clothes for the center's use. Sorting activities such as those involved with the clothes are expanded to other activities as an transitional skill to the sheltered workshop curriculum.

Submitted by: Sharon Kidd

BEHAVIOR MANAGEMENT TECHNIQUES

When a teacher has identified a behavior in a student that needs modification, he/she needs to write an exact description of the problem and what procedures will be used to remediate it. The description of that behavior is called a behavior definition and it must be observable and measurable. Programs can be written to increase the rate of a behavior, eliminate a behavior, or maintain a behavior. The behavior that you hope to attain through special programming is called a terminal behavior.

Your purpose for the behavior change should be clearly specified to insure that the change is truly warranted and that it is in the best interest of the student. The exact procedures to be used need to be written to serve as a day to day guideline for the teacher. It will aid the teacher in consistently implementing the program.

Before starting a program, baseline data should be taken to measure the rate of your chosen behavior before you begin to work with it. There are four different types of data that can be used to take Baseline and to measure the progress of your program. These include: Event Recording - when you count how many times a behavior occurs during your observation period. The apparatus used for this are hand and foot counters, marking with clip boards and wrist bands. Duration Recording - stopwatches can be used to record how long a behavior occurs during the observation period. Interval Recording - divides the observation period into intervals and a record is made for those intervals in which the behavior occurs at least once. It doesn't measure how

many times or how long the behavior occurred. Timers can also be used for this. Time Sample Recording - involves observing the behavior at the end of a specified interval which was measured with a stopwatch or a timer. Reliability checks or two recorders independently observing the same behavior can be used to insure accuracy.

This data should be graphed to show the rate of this behavior during Baseline. (Before you start your program) and after you start your program. A comparison design graphs shows the rate of one behavior during Baseline and during your implemented program. Multiresponse Design Graph shows the rate of two or more behaviors during Baseline and your implemented program.

Many different types of behaviors can be modified. These include self help skills such as feeding and dressing, academic skills such as the number of math problems completed and vocabulary building or social behaviors such as tantrums or interacting with others.

When a behavior consequence increases the chances that a behavior will occur again, this behavior consequence is called a reinforcer. A positive reinforcer means that you present a stimulus as a consequence for this behavior i.e. when a child does good work, you smile at him or give him food. When a student completes an assignment, he earns two tokens or if he/she has shown self control, he earns three check marks. What each person finds reinforcing can vary from one to another. It is important that you use the students reinforcer, not your own for the consequence of his behavior. You can determine a childs reinforcer by

watching what he goes to during free time, or by talking with his parents, or by asking the student. A negative reinforcer involves removal or prevention of some stimulus or event as a behavior consequence. An example could be putting on such glasses in order to escape the sun and avoid the bright light.

Punishment is defined as the presentation of a stimulus following a behavior that decreases the chances that it will occur again. To punish a behavior, the person can loose reinforcers he has already earned. This is called a response cost. Also, he can loose the opportunity to earn reinforcement which is called Time Out. Local Time Out means that the student stays in the same location, but he can't earn reinforcement. Sometimes we put their head down to avoid the contact with other people that can be so reinforcing. Isolative Time Out involves removing the child to a sterile room by himself for a specified time following the occurence of an inappropriate behavior. During both local and isolative time out, no interaction should take place between the student and the teacher. We require written parental permission for isolative time out and continuous observation. Excessive lengths of time out or its use for only moderately inappropriate behaviors is an abuse of the method and will lead to a decrease in its efficiency. It is to be used only after other punishments are found to be ineffective. The Isolative Time Out room should be well lighted, ventilated and free of potentially harmful objects such as windows and electrical outlets.

Extinction, or stopping the reinforcement that follows a behavior, will decrease the rate of the behavior. In order to stop the rein-

forcement, the student should not be spoken to, looked at, touched, or laughed at by anyone. This is a very successful method if the environment can be controlled.

To increase the rate of a behavior, different schedules of reinforcement can be used. These include: Continuous Reinforcement (CRF) which involves the reinforcement of every occurance of the desired behavior. New behaviors are taught best with this, but eventually need to be changed to another schedule. This can be extinguished easily, because students may become satiated. In Intermittent Reinforcement schedules reinforcement occurs occasionally and it has a high resistance to extinction. The two types of intermittent schedules include Ratio and Variable. Ratio schedules require a specified number of responses for each reinforcer. Fixed Ratio (FR) is where a fixed number of responses are required per reinforcer. Variable Ratio (VR) is where the number of responses varies from reinforcement to reinforcement. In Interval schedules, reinforcement occurs after the passage of some specified time. Fixed Interval (FI) is where there is a fixed interval of time that must pass before reinforcement can occur. Variable Interval (VI) is specified intervals whose length varies after each reinforcement. The effectiveness of a reinforcer is determined by choosing an appropriate reinforcer, its contingency on a behavior, its immediacy (2-5 seconds), its frequency and quantity (not enough or too much, too much can lead to satiation or loss of reinforcer effectiveness due to fullness, boredom, etc.). A conditioned reinforcer is paired with pleasant or reinforcing things that become reinforcing. An example, "Green bills have no reinforcing value along, but when paired with buying power, they

become reinforcing". This means that you can teach your students to be reinforced by new things that weren't originally reinforcing. Conditioned punishers function in the same way by pairing a neutral behavior with something that has a punishing effect. Example, "The word no has no punishing effect until paired occasionally with a stern voice and hand slap".

To decrease the rate of an unwanted behavior when punishment or extinction is inappropriate, we use Differential Reinforcement of Other Behavior (DRO). To do this, we reinforce a behavior that is incompatible with the unwanted behavior, thereby, increasing the rate of the new behavior and decreasing the rate of the inappropriate behavior. Example, "Sitting quietly working and playing incompatible with hitting others since you can't do both at the same time". When we begin to reinforce appropriate sitting, working and playing behavior, this rate will go up and hitting others will decrease.

Shaping involves reinforcing some phase of a behavior that the student already has that is a basic part of another, larger behavior. We use shaping to teach a child to eventually put on his shirt when originally he only picked up his shirt. We teach each step of putting on a shirt in small steps called successive approximations and gradually raise the requirements for reinforcement. When shaping, we use a continuous reinforcement schedule.

Chaining is a procedure used to establish a series of behaviors rather than just one behavior independently. Each behavior in a chain serves as a conditioned reinforcer (S^r) for that behavior and as a

prompt for the next behavior. Example, "Teach a student to put on a shirt. Picking up the shirt serves as a conditioned reinforcer and a prompt for putting one arm in which serves as a conditioned reinforcer and a prompt for putting the second arm in, etc." Unwanted behaviors may occur as a chain. Often several behaviors will consistently precede the undesirable behavior. To eliminate this, the chain must be broken in the early behaviors when it first starts. These early behaviors may be extinguished, punished or differentially reinforced. Example, "A child may consistently wring his hands, stomp his feet and scream before throwing a chair".

After behaviors come under control in one classroom, we will then want these behaviors to <u>generalize</u> or occur in other settings such as other classrooms, in the hall, at home, or in the shopping mall. Generalization can be achieved by training in the behavior in several (two or more) different situations similar to the original situation. Example, "Train in the behavior in one class, then another, then the hall of a school, or teach a student three different but similar pictures of "dog" such as German Sheppard, great dane, and doberman, before presenting a picture of a chihuahua." Use intermittent schedules or reinforecement.

Behavior modification experts or <u>Behaviorists</u> feel that inappropriate behaviors are learned and that through the consistent use of behavior modification techniques, these problems can be modified. There is hope for children with behavior disorders.

INDIVIDUALIZING WITH BEHAVIOR MODIFICATION TECHNIQUES BY JOAN W. KOESLING

VOCATIONAL PROGRAMMING

From the point of entry into C.T.C. (usually 14 CA) until the point of exit from this program (alternative services or 21 CA) students are involved in four areas of instruction. These include, (1) academics, (2) activities of daily living, (3) leisure time activities and, (4) vocational preparation and work adjustment. Two groupings are utilized to match student needs with levels of instruction and training at C.T.C. These groups are identified as 1) functional groups and, 2) basic groups for purpose of educational planning, instruction, and management. Additional grouping within the two primary areas may also take place as individual educational planning indicates such needs. The basic philosophy of C.T.C. subscribes to training and curriculum that will allow students to demonstrate skill and competence required for success in employment (sheltered, competitive), motor activities, and activities of daily living, to the best of their ability. The student's abilities would sometimes determine the level of their exit criteria.

Settings available for our students upon completion of the program are:

1. State School
2. Home
3. Sheltered Employment
4. Competitive Employment
5. Sheltered Living
6. Or any combination of the above.

For a closer look at the vocational part of the program, the following outline addresses some of the vocational skills being developed.

I. Work habits and attitudes (work personality)

a. Adjustment skills
   1. Can work with adults
   2. Can work with co-workers
   3. Can adjust to new assignments
   4. Can adjust to work environment

b. Directional skills
   1. Can and will follow verbal administered directions
   2. Has self-directed work behavior
   3. Can accept correction

c. Interpersonal skills
   1. Has acceptable work personality
   2. Has acceptable social behavior
   3. Is socially responsible
   4. Shows adequate self-concept

d. Motivation
   1. Desires to work
   2. Has positive attitude toward work
   3. Is willing to work routinely

e. Personal appearance
   1. Dresses appropriately for work
   2. Has necessary personal hygiene habits

f. Punctuality
   1. Starts work on time
   2. Attends work regularly

II. Necessary or relevant functional academic skills

a. Reading
   1. Knows functional works (safety work signs community words)
   2. Knows specific job-related words

b. Writing
   1. Knows name, address and telephone numbers
   2. Can copy

c. Math
   1. Recognizes and uses numbers
   2. Recognizes and uses common measurements
   3. Tells time
   4. Has working knowledge of money

III. Specific vocational tasks - survey of some of sheltered workshops

a. Assembling (nuts, bolts, washers)
b. Collates (pages or booklets)
c. Folds letters
d. Packages
e. Sorts (by color, texture, size, shape, etc.)

IV. Other independent skills
a. Uses time clock
b. Uses public transportation
c. Uses telephone (public and private)

PARENT ORGANIZATION AT CTC

The Cooperative Training Center considers parental input as a vital part of the program. The value of parental imput has been demonstrated individually as well as collectively. The organizational structure of the parent organization includes officers such as president, vice president, secretary and treasurer. In addition there are standing committees that include: 1) membership - develop ways to increase parent participation 2) ways and means - have fund raising activities 3) education - provides an opportunity for parents to have direct input into curriculum, program design, parent volunteers and make recommendations that include program modifications 4) publicity - publicize up coming meetings and any special events 5) parent program - survey parental needs, organize and schedule speakers and activities for parent meetings

Submitted by: Charles Price

PROGRAM EVALUATION

Evaluation of a school district's performance in goal attainment is a key feature of the revised Texas Bulletin 560, Principles, Standards, and Procedures for the Accreditation of School Districts. Since the responsibility for conducting evaluations rests with each local district, it then becomes the district's obligation to provide for the continuous monitoring or programs and documentation of those results. The goal attainment scale was designed to meet the criteria as set forth in the State Bulletins 560 and AD 887101, Policies And Administration Procedures For The Education of Handicapped Students.

The value of the goal attainment scale is that it emphasizes the need for a balance of services to all programs. The scale also provides a common language for those involved with the programs, presents common points of reference for planning and consultation, and provides guidelines for achieving each goal. It indicates strengths and weaknesses in the area of program service and identifies incremental goals or objectives for those services. The goal attainment scale allows for comparisons of programs within themselves and to other programs within a school. The scale results of each school can also be combined to document improvement for the district as a whole.

For each of the 11 components of the goal attainment scale, specific examples are given for levels raning from "1", the most unfavorable outcome thought likely, to "5", the best anticipated results. Based on available data, the evaluator

plots the current level of functioning for each component. A weighted value is assigned to each of the 11 components. Those components which are considered to be the most significant to the district receive the highest weighted values. As an alternative, in the subsequent years, the least developed components could receive the highest weighted values. Once the weighted values has been assigned, they will remain at that value throughout the evaluation cycle. The actual goal attainment score can then be computed by multiplying the weighted value by the programs actual level of attainment and adding these 11 scores together. For example in figure 1, the actual goal attainment score (A) is computed by multiplying 5 (weighted value) by 2 (level of attainment), 5 by 3, 5 by 3, 10 by 2, and then adding these totals. The actual goal attainment score for this example is 60.

Figure 1

	5	5	5	10
1				
2	A			A
3		A	A	
4				
5				

Figure 2

	5	5	5	10
1				
2	A			A
3	E	A	A	E
4		E	E	
5				

The program evaluator then determines what level of attainment the program can reach prior to the next evaluation period. If, by the end of the next evaluation period, the

evaluator anticipates moving one level in each component, to goal attainment scale would be marked accordingly (E) as in figure 2. In figure 2, the expected goal attainment score is 85. If the expected level of attainment is achieved in each category, the change in score is 25 indicating improvement in that program.

The final page of the goal attainment scale is used for recording specific activities which will be undertaken to attain the expected level of programming. Specific notes, suggestions, and recommendations are recorded on the planning page. This scale, with the planning notes, provides a base-line for future consultations, program planning, and evaluation.

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